Application or Docket Number													
	PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2001 CL/V- 3 (89 /A)												
CLAIMS AS FILED - PART I (Column 1) (Column 2)								MALL EI	YTITY	OR	OTHER SMALL I		
TOTAL CLAIMS			14				Γ	RATE	FEE		RATE	FEE	
FOR			NUMBER FILED		NUMB	NUMBER EXTRA		ASIC FEE	370.00	OR	BASIC FEE	740.00	
TOT/	AL CHARGEA	BLE CLAIMS	\(\text{ minus 20=} \)		* \$			X\$ 9=		OR	X\$18=		
INDE	PENDENT CL	AIMS	minus 3 =		* /4			X42=		OR	X84=	7	
MULTIPLE DEPENDENT CLAIM PRESENT								+140=		OR	+280=		
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL		OR	TOTAL	740	
CLAIMS AS AMENDED - PART II								IOIAL	L	UN	OTHER		
(Column 1) (Column 2) (Column 3)								SMALL	ENTITY	OR	SMALL I		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI		PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
MON	Total .	*	Minus	**		=		X\$ 9=		OR	X\$18=		
ME!	ndependent	*	Minus	***		=		X42=		OR	X84=		
F	FIRST PRESE	NTATION OF MU	JLTIPLE DEF	PENDEN	T CLAIM			+140=		OR	+280=		,
TOTAL													
(Column 1) (Column 2) (Column 3)								ODIT. FEE		1	ADDIT. FEE		
MENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NO F	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
11 5 L	Independent	*	Minus	***		=	!	X42=		OR	X84=		
	FIRST PRESE	┚┟	+140=		OR	+280=		1					
								TOTAL		OR	TOTAL		
(Column 1) (Column 2) (Column 3)								ODIT. FEE		10,,	ADDIT. FEE		>
AMENDMENT C	and the second s	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		HIGI NUM PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	ABLE COPY
IDME	Total	*	Minus	**		=		X\$ 9=	<u> </u>	OR	X\$18=	<u> </u>	14
MEN	Independent	*	Minus	***		=] -	X42=	 		X84=	<u> </u>	AB
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						」 ├			OR			目
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+280= TOTAL		×
** f *** f	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												
FORM	PTO-875 (Rev. 8/	/01)		1	Åru.S GPO.200	1 482-124 / 59197	Pater	nt and Trade	mark Office, U	J.S. DE	PARTMENT O	FCOMMERC	50